



**CITY OF EAST RIDGE**  
**OFFICE OF BUILDING OFFICIAL**  
**APPLICATION FOR STREET CUT PERMIT**

Applicant: \_\_\_\_\_ Contact Person \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

24 Hour Emergency Phone (if different from above): \_\_\_\_\_

Location of Opening: \_\_\_\_\_ Size (in ft.): \_\_\_\_\_

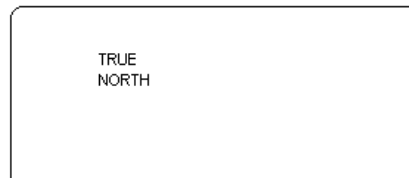
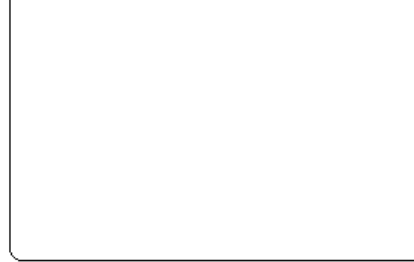
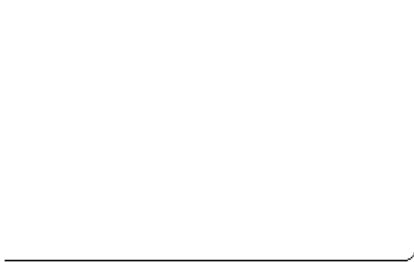
Distance to Nearest Intersection: \_\_\_\_\_ Name of Intersection \_\_\_\_\_

Description of Work \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTIFY THE OFFICE OF CHRIS VAUGHN PRIOR TO ACTUAL START OF WORK (423) 413-4857**

**DRAW A DETAILED SKETCH INCLUDING ALL MEASUREMENTS BELOW**



TRUE  
NORTH

See General Instructions